THE RECOVERY KERNEL

Damage Assessment and Life Restructuring Series

FULL INVENTORY

A Complete Audit of What Substance Use Cost —

and a Structured Plan to Build Something Better Than What Was Lost

Not a return to who you were before.

The enhanced baseline is higher than the pre-addiction baseline because it is built with self-knowledge, genomic precision, and deliberate architecture — none of which existed before.

How to Use This Guide — Read This First

THE CENTURION — The First Honest Accounting. Not to Punish. To Know.

This guide is a structured audit. It covers every domain that substance use affects — physical health, cognitive function, personality, finances, relationships, occupation, legal standing, and identity. For each domain it provides: a method for assessing the current damage, a baseline target, and a specific protocol for rebuilding.

The sequence matters. Do not skip to the financial section because it feels most urgent. Do not skip to the cognitive tests because they feel most interesting. Work through the assessment sections first. The damage in one domain has implications for every other domain — you cannot build a reliable financial plan if you have not assessed the cognitive impairment that is affecting your decision-making. You cannot rebuild relationships if you have not assessed the personality changes the substance produced.

The word 'enhanced' in 'enhanced baseline' is not optimism. It is precision. The person who completes this guide and implements its protocols will have, within 90–180 days, a level of self-knowledge, biological optimization, and structural life architecture that most people who were never addicted do not possess. The addiction was the most expensive education available. This guide makes sure it produced a return.

PART ONE — THE FULL INVENTORY

What Was Lost, What Was Damaged, What Can Be Rebuilt

Section 1 — Damage Audit by Domain

Complete each domain assessment before moving to the next. Score each domain 0–10: 0 = catastrophic damage, 5 = moderate damage with partial function, 10 = no damage detected. Record your scores. They become the baseline for the 180-day plan.

1.1 — Physical Health Audit

System	What to assess	Questions to answer honestly
Liver and metabolic	Jaundice history, abdominal pain, fatigue disproportionate to activity, bloating. AST/ALT blood panel if available.	Have I ever had yellow skin or eyes? Do I have persistent upper-right abdominal discomfort? When did I last have blood work? Do I know my liver enzyme levels?
Cardiovascular	Chest pain history, palpitation history, elevated resting heart rate, blood pressure. Any ER visits for cardiac symptoms during or after use.	Have I ever had chest pain during or after use? Do I know my blood pressure and resting heart rate? Any cardiac diagnoses from a physician? Shortness of breath at rest?
Neurological	Tremor, coordination problems, persistent headaches, blackouts (not just substance-induced), memory loss that doesn't recover, neuropathy (numbness/tingling in hands or feet).	Do my hands shake at rest? Have I had blackouts I cannot account for? Do I have numbness or tingling? Any seizures during withdrawal? Any balance problems?
Dental	Meth mouth (dental erosion, tooth loss), acid reflux damage to enamel from vomiting, dry mouth-related decay, gum disease.	When did I last see a dentist? Are there visible cavities or lost teeth? Gum bleeding? Tooth sensitivity? This matters for nutrition and self-image both.

Nutritional status	Weight loss or gain beyond 15% of healthy weight. Vitamin deficiencies (B1, B12, D, folate). Hair loss, skin quality, nail quality. Energy at rest without stimulants.	What is my current weight vs. healthy target? Do I have laboratory confirmation of vitamin levels? When did I last have a complete blood count and metabolic panel?
Sleep architecture	Ability to sleep and stay asleep without substances. Sleep duration actual vs. needed. Daytime fatigue. Dream recall (indicates REM restoration).	How many hours do I actually sleep? Do I wake repeatedly? Do I dream? Can I fall asleep without a substance or sleep aid? How many days has my sleep been substance-free?

Physical health domain score (0-10): _____

Most urgent physical item requiring physician attention: _____

1.2 — Substance-Specific Physical Damage Profile

Identify your primary substance(s) and note the specific damage profiles that apply. These are the known physical consequences per substance — not a guarantee, but a priority list for medical attention.

Substance	Primary physical damage to assess	Specific medical tests to request
Alcohol	Liver disease (fatty liver → hepatitis → cirrhosis), Wernicke-Korsakoff encephalopathy (B1 deficiency), peripheral neuropathy, cerebellar damage, pancreatitis, cardiovascular cardiomyopathy, nutritional deficiency across B vitamins, magnesium, zinc.	Liver function tests (AST, ALT, GGT, bilirubin, albumin). Complete metabolic panel. B1 (thiamine), B12, folate, magnesium, zinc blood levels. CT or ultrasound if liver damage suspected. Blood pressure. CBC.
Methamphetamine / Stimulants	Dopaminergic terminal damage in striatum, frontal lobe executive function impairment, severe dental erosion, cardiovascular cardiomyopathy, hypertension, skin sores/picking damage, severe weight loss/malnutrition.	Cardiac echo if heavy use or chest pain history. Dental evaluation. Comprehensive metabolic panel. Blood pressure and resting heart rate. Nutritional blood panel (B vitamins, vitamin D, iron, protein markers).
Cocaine / Crack	Cardiac: arrhythmia, coronary artery spasm, cardiomyopathy.	Cardiac evaluation (ECG, possible echo). ENT evaluation of nasal

	Nasal septum perforation or erosion (intranasal cocaine). Pulmonary damage (crack lung, pneumothorax risk). Stroke risk elevation. Aortic dissection risk.	septum and passages if intranasal use. Chest X-ray if pulmonary symptoms. Blood pressure. Metabolic panel.
Opioids / Fentanyl	Hypoxic brain injury if overdose history (even partially reversed with naloxone). HPA axis suppression (hormone dysregulation). Chronic constipation and gut motility damage. Immune suppression. Infection risk (IV use: endocarditis, hepatitis C, HIV). Dental damage from dry mouth.	Hepatitis C antibody test (and RNA if positive). HIV test. Endocarditis evaluation if fever + IV use history. Hormone panel (testosterone, cortisol, LH, FSH). Comprehensive metabolic panel. Stool/gut function assessment. Cognitive baseline.
MDMA / Ecstasy	Serotonergic neurotoxicity — 5-HT terminal damage causing persistent memory impairment, attention deficits, reduced emotional range. Hyponatremia history (sodium depletion) — potential neurological damage. Cardiac history if stimulant-related arrhythmias.	Neuropsychological testing (Section 2 of this guide — essential for MDMA). Serum sodium if hyponatremia episodes. ECG. Comprehensive metabolic panel. MTHFR testing if not already done.
Benzodiazepines	Cognitive impairment (anterograde amnesia during use, persistent memory and attention difficulties). GABA receptor downregulation producing chronic anxiety above pre-use baseline. Falls/injury history from sedation. Paradoxical agitation episodes.	Cognitive testing battery (Section 2). Anxiety assessment (GAD-7). Bone density assessment if long-term use and falls. Comprehensive metabolic panel.
Cannabis (heavy chronic)	Pulmonary damage if smoked. CB1 receptor downregulation producing amotivational syndrome, anhedonia, reduced drive. Possible psychosis history. Cannabinoid Hyperemesis Syndrome (CHS) if recurrent vomiting episodes. Testosterone reduction.	Pulmonary function test (spirometry) if smoked heavily. Hormone panel (testosterone). Depression/anxiety assessment. CB1-related motivational and mood assessment. Cognitive assessment for memory and processing speed.
Ketamine	Ketamine uropathy — bladder damage producing frequency, urgency, pain, and reduced bladder capacity. The damage is dose-dependent and duration-dependent. Kidney function compromise. Cognitive	URGENT: Urine analysis and renal function panel. Cystoscopy if urinary symptoms. Creatinine and BUN. Cognitive testing with specific focus on working memory and processing speed.

	impairment in dissociative and working memory domains.	
GHB / GBL	Withdrawal seizure history (medical emergency in active withdrawal). GABA-B receptor desensitization producing chronic anxiety and insomnia. Aspiration risk from unconsciousness episodes. Generally lower organ toxicity than other substances.	Seizure history documentation. Anxiety and sleep baseline assessment. Comprehensive metabolic panel. Liver function (GBL is a prodrug processed by the liver).

Section 2 — The Cognitive Testing Battery

THE CENTURION — You Cannot Rebuild What You Have Not Measured. These Tests Are the Baseline.

The following tests can be self-administered or administered by a trusted person. They are standardized assessments used clinically to detect cognitive impairment. Complete them once now to establish your recovery baseline. Repeat at 30, 90, and 180 days. The improvement across those measurements is one of the most motivating data points in the recovery process.

⚠ **These tests are screening tools, not diagnostic instruments. If scores indicate significant impairment, request a formal neuropsychological evaluation from a clinical psychologist. Insurance typically covers this when there is a documented substance use history.**

2.1 — The MoCA Self-Assessment (Montreal Cognitive Assessment)

The MoCA is the most widely used brief cognitive assessment in clinical practice. Full version available free at mocacognition.com. It tests seven domains in 10–15 minutes. Administer it at a time when you have slept adequately and are not acutely stressed or intoxicated.

Domain tested	What it assesses	Normal score	Substance most damaging to this domain
Visuospatial / Executive	Drawing a clock face, copying a cube. Tests spatial reasoning and planning.	5/5	Alcohol (cerebellar), Methamphetamine (frontal lobe)
Naming	Identify three animals from line drawings.	3/3	Rarely impaired by substance use alone
Memory / Delayed Recall	Remember 5 words after 5 minutes. This is the most sensitive single test for early cognitive impairment.	5/5	MDMA (5-HT neurotoxicity), Benzodiazepines, Alcohol, Ketamine
Attention	Digit span forward	6/6	Methamphetamine,

	(repeat a number sequence), Serial 7s (subtract 7 from 100 repeatedly for five steps: 93, 86, 79, 72, 65), Target tap (tap when you hear the letter A in a list).		Stimulants, MDMA, Cannabis
Language	Sentence repetition, verbal fluency (name as many words starting with F as possible in 60 seconds).	Normal: 11+ words/60 sec in verbal fluency	Alcohol (Wernicke), heavy sedative use
Abstraction	Explain the similarity between two objects (e.g., train and bicycle).	2/2	Frontal lobe damage from any heavy long-term substance
Orientation	State the date, month, year, day, place, city.	6/6	Acute withdrawal states — should be normal in stable recovery

Total MoCA score interpretation: 26–30: Normal cognition. 18–25: Mild cognitive impairment — common in early recovery, often fully reversible. Below 18: Significant impairment — formal neuropsychological evaluation is indicated.

My MoCA score today: _____ / 30 Date: _____

2.2 — The Working Memory Test

Working memory is the ability to hold information in mind while using it — the cognitive workspace. It is the first domain impaired by most substances and among the last to fully recover. Test it simply:

Digit Span Forward and Backward

Have someone read you each sequence once, at a rate of one digit per second. Repeat the sequence immediately after. Go until you fail two consecutive sequences of the same length.

Length	Forward (repeat in same order)	Backward (repeat in reverse order)

3 digits	4 - 7 - 1	Reverse: 6 - 3 - 2 → answer: 2 - 3 - 6
4 digits	3 - 8 - 1 - 5	Reverse: 4 - 1 - 9 - 3 → answer: 3 - 9 - 1 - 4
5 digits	6 - 1 - 4 - 8 - 2	Reverse: 1 - 7 - 3 - 5 - 9 → answer: 9 - 5 - 3 - 7 - 1
6 digits	5 - 2 - 9 - 1 - 7 - 4	Reverse: 8 - 3 - 6 - 1 - 4 - 2 → answer: 2 - 4 - 1 - 6 - 3 - 8
7 digits	7 - 1 - 3 - 5 - 9 - 2 - 8	Reverse: 3 - 8 - 1 - 4 - 7 - 2 - 6 → answer: 6 - 2 - 7 - 4 - 1 - 8 - 3

Normal forward span: 7 ± 2 (most adults reach 5-9). Below 5 = significant working memory impairment.

Normal backward span: 5 ± 2 (most adults reach 3-7). Below 3 = significant impairment.

My forward span: _____ My backward span: _____

2.3 — Verbal Fluency (Processing Speed + Executive Function)

Set a timer for 60 seconds. Name as many different animals as you can. Record your count. Then reset — 60 seconds, as many words beginning with the letter F as you can (not names, not the same word twice). Record.

Animals in 60 seconds: _____ Normal range: 14–22+

F-words in 60 seconds: _____ Normal range: 12–20+

Below 10 in either category: Indicates frontal lobe executive function impairment — flag for neuropsychological evaluation.

2.4 — Attention and Concentration — Serial 7s

Start at 100. Subtract 7. Subtract 7 again. Continue for 5 subtractions. Do this out loud or in writing — do not use a calculator. Do not stop to think for more than 10 seconds per step.

Expected sequence: 100 → 93 → 86 → 79 → 72 → 65

All 5 correct and done in under 45 seconds: Normal attention.

Errors or significant slowing: Attention impairment — common in early alcohol recovery and with benzodiazepine history.

My result: _____ / 5 correct in _____ seconds

2.5 — Executive Function — The Planning Task

Without timing pressure: plan and write out every step required to prepare a simple meal from scratch (for example: scrambled eggs on toast). Be specific — include shopping, preparation, cooking, and serving in sequence.

What you are assessing: the ability to break a goal into sequential steps, identify what is needed before each step is possible, and maintain the overall goal while executing sub-tasks. This is the core executive function impaired by frontal lobe substance damage.

Adequate response: 12+ logical steps in correct sequence with no missing prerequisites.

Impaired response: Steps out of order, missing critical prerequisites (e.g., forgetting to list obtaining the eggs), or fewer than 8 distinct steps.

My step count and self-assessment: _____

2.6 — Memory Encoding Test

Read the following 10 words once, slowly. Wait exactly 5 minutes (do something else). Write down as many as you can remember.

BRIDGE CANDLE TRUMPET RIVER HAMMER LEMON ELEPHANT CLOCK MOUNTAIN SILVER

Words recalled: _____ / 10

8–10 words: Normal encoding and consolidation.

5–7 words: Mild to moderate memory impairment. Common with MDMA, alcohol, and benzodiazepine history.

Below 5 words: Significant memory impairment — formal evaluation warranted.

2.7 — Cognitive Domain Summary

Domain	My score	Normal range	Impaired? (Y/N)
MoCA total		26–30	

Working memory — forward span		5–9 digits	
Working memory — backward span		3–7 digits	
Verbal fluency — animals		14–22+	
Verbal fluency — F words		12–20+	
Attention — Serial 7s		5/5 in <45 sec	
Memory encoding		8–10 / 10	

Section 3 — Personality and Identity Impact Assessment

THE CENTURION — The Substance Did Not Just Change Your Brain Chemistry. It Changed Who You Were Being.

Substance use disorders produce measurable and documented changes to personality traits, values, and identity. These changes are not permanent — but they require explicit acknowledgment and deliberate work to reverse. The person who does not assess this domain will rebuild the financial structure and cognitive function while unconsciously operating from a changed personality that undermines both.

3.1 — The Big Five Personality Shift Assessment

The Big Five (OCEAN) are the most validated personality dimensions in psychology. Research consistently shows that substance use disorders produce characteristic shifts in these dimensions. Rate yourself as you were BEFORE significant substance use and as you are TODAY.

Dimension	What it measures	My pre-substance rating (1-10)	My current rating (1-10)
Conscientiousness	Reliability, discipline, follow-through, organisation, goal-directedness. The dimension most consistently reduced by substance use disorders. The person who always paid bills on time, kept commitments, finished what they started.		
Agreeableness	Warmth, cooperation, empathy, trust in others. Reduced by paranoia (stimulants, cannabis), social withdrawal (opioids, depressants), and the lying that sustains addiction.		
Neuroticism	Emotional instability, anxiety, depression,		

	irritability, mood swings. Increased by every substance use disorder — the withdrawal and the neurological damage both produce elevated emotional reactivity.		
Openness	Curiosity, creativity, intellectual engagement, willingness to try new things. May have been elevated during early substance use (perceived as opening doors) but typically decreased with disorder development.		
Extraversion	Social energy, assertiveness, enthusiasm. Variable — some substances increase extraversion during use (MDMA, stimulants) while producing social withdrawal during recovery. Net effect is often reduced authentic extraversion.		

Free validated Big Five test: IPIP-NEO at ipip.ori.org — take the 120-item version and save your results. Retake at 90 days and 180 days to track personality recovery.

3.2 — Values Clarification — What Was Lost

Addiction progressively narrows values until the substance and its maintenance become the primary organising value. The values clarification exercise identifies what mattered before and what has been crowded out.

Value domain	Before substance use: what did this look like?	Current state: how has this changed?
Family and close relationships		

Work and professional achievement		
Physical health and vitality		
Creativity and skill development		
Community and contribution		
Intellectual engagement		
Integrity and honesty		
Financial security		
Spiritual or philosophical grounding		

3.3 — The Trust Audit

Substance use disorders damage trust — both the trust others had in you and the trust you have in yourself. Both require explicit assessment and explicit rebuilding. Self-trust is often the most damaged and the most critical for recovery sustainability.

Trust category	Level of damage (0-10)	What specifically was broken
Trust in yourself — your word to yourself		Promises made to yourself about use that were broken. Commitments to stop that were not kept. The accumulation of self-betrayal.
Trust from your closest person (partner, family member, best friend)		Lies told. Commitments broken. Money taken or misused. Situations created. Be specific.
Trust from employer or professional community		Performance failures. Reliability failures. Behavior incidents. Reference damage.

Trust from broader social circle		Relationships that have gone cold or ended. People who were lied to or let down. Social capital lost.

PART TWO — THE FINANCIAL TRIAGE

Stop the bleeding first. Then rebuild.

Section 4 — The Financial Triage Protocol

THE CENTURION — This Is Emergency Medicine Applied to a Financial System in Distress. Stop the Bleeding First.

Financial triage follows the same logic as medical triage: address the immediately life-threatening first, then the serious but non-immediate, then everything else. The financial system of a person in or recently out of a substance use disorder typically has multiple simultaneous bleeds — automatic payments drawing against a near-zero account, credit cards carrying interest, subscriptions that have been ignored, debt that has been accumulating.

Stop all automatic payments today. Every single one. Review them one by one and reinstate only what is on the priority list below, in priority order, as cash flow permits.

⚠ Execute Step 1 (Stop Automatic Payments) before reading further. Do it now. Log in to your bank account and cancel all automatic withdrawals. Not tomorrow.

4.1 — STEP 1: STOP ALL AUTOMATIC PAYMENTS — TODAY

What to cancel immediately	Why this is the first action
Every streaming service: Netflix, Hulu, Disney+, Spotify, Apple Music, YouTube Premium, HBO Max, Paramount+, ESPN+, Peacock, any others. Every subscription box: meal kits, beauty boxes, book clubs, snack subscriptions. Every software subscription: apps, cloud storage beyond the free tier, productivity tools not essential for income. Every gym membership that is not currently being used daily. Every Amazon Prime, Costco, Sam's Club or other membership that is not being maximized weekly. Every recurring donation that is not court-mandated. Every insurance for	Automatic payments are the enemy of financial recovery because they operate invisibly. The person in financial triage does not have the cognitive overhead to track them all — they were set up when circumstances were different and they continue regardless of whether the service is being used or whether the money exists. Cancelling them all and starting fresh forces a deliberate choice about each one. This is not permanent. It is emergency containment. When financial stability is restored (90+ days from now), you can reinstate what genuinely adds value. Do

items no longer owned or needed. Every extended warranty payment on items that no longer exist or don't matter at this moment.	not argue with yourself about this. Cancel first, evaluate later.

4.2 — THE PRIORITY STACK: What Gets Paid First

Every dollar that comes in — from any source — flows through this hierarchy. Nothing above a priority number gets paid before everything below that number is secured.

PRIORITY 1 — SHELTER AND ESSENTIAL UTILITIES — RENT / MORTGAGE · ELECTRICITY · WATER · GAS

Item	Action if behind	Never go below this
Rent / Mortgage	Contact the landlord or mortgage servicer immediately — before you are evicted, not after. Most landlords will negotiate a payment plan if approached proactively before default. After default: much harder. LIHEAP and local emergency rental assistance programs exist in every state — apply immediately. 211.org connects to local resources.	One month's rent in a separate account. This is the emergency buffer. Do not spend it on anything else while building it. It is not available.
Electricity	Low-income energy assistance programs exist in all states (LIHEAP). Apply before disconnection, not after. Most utilities have medical necessity exceptions — if any medical equipment requires electricity, document this with the utility company now.	The electric bill is the one that cascades — no electricity means no refrigeration, no food safety, no phone charging, no work-from-home possibility. It is medically essential.
Water	Water is rarely disconnected in most jurisdictions but arrears accumulate. Most water utilities have hardship assistance programs.	Water is survival-tier. All other financial decisions come after water is secured.

	Contact and apply early.	

PRIORITY 2 — TRANSPORTATION — CAR PAYMENT · CAR INSURANCE

Why transportation is Priority 2	Action if behind
Without transportation, income is not accessible. The car that allows you to get to work or conduct work is an income-producing asset. Car insurance is legally required in most states and driving uninsured creates legal liability that can destroy any financial progress made. However: if the car is not being used for income and is expensive (high payment + high insurance), this is the first reassessment. Can you access income via public transit and eliminate this cost entirely?	Car payment: contact the lender. Most have hardship programs and deferral options. A deferred payment adds interest but preserves the vehicle and the credit record. Call before you miss the payment. Car insurance: do not let this lapse. If premium is unaffordable, contact your state's Department of Insurance about minimum coverage options. Comparison shop immediately — rates vary by 40-60% between providers for the same coverage.

PRIORITY 3 — FOOD — NUTRITIOUS, PURCHASED, NOT DELIVERED, NOT RESTAURANT

The food budget principle	What to buy	What to eliminate
The recovery body is rebuilding neurotransmitters, repairing tissue, and reconstituting nutritional stores. The food budget is not optional — it is biological capital. But it must be the cheapest form of highest-quality nutrition.	Eggs (complete protein, choline, B vitamins — least expensive complete food per calorie). Frozen vegetables (as nutritious as fresh, much cheaper). Dried or canned beans and legumes (protein, fiber, B vitamins). Brown rice and oats (complex carbohydrate, B vitamins). Canned sardines and tuna (omega-3, protein, B12). Bananas, apples, oranges (micronutrients, fiber). Peanut butter (protein, healthy fat). Liver (if tolerated — the most nutrient-dense food	All restaurant meals including fast food. All food delivery apps — every order carries a 30-50% premium over cooking. All prepared convenience foods. All premium grocery items. All beverages except water and basic coffee. The food budget is for fuel, not comfort. Comfort comes from recovery architecture, not food.

	available at the lowest cost per serving).	

PRIORITY 4 — COMMUNICATION — BASIC PHONE SERVICE ONLY

Standard: The smartphone plan that costs $80-100/month is not Priority 4 equipment. A basic service plan at $25-35/month (Mint Mobile, Visible, Metro by T-Mobile) provides calls, texts, and sufficient data for job applications, navigation, and communication. Downgrade immediately.

Emergency option: If income is below 135% of the federal poverty level: the Lifeline program provides free or heavily subsidized phone service. Apply at lifelinesupport.org.

Data for job search: Public library Wi-Fi is free and available throughout business hours in every municipality. Job searching, email, and applications can all happen there if data is a cost concern.

PRIORITY 5 — INCOME-GENERATING TOOLS ONLY

The test: Does this expense directly enable income in the next 30 days? If yes: it qualifies for Priority 5. If no: it waits.

Examples that qualify: Work boots if construction employment begins. Professional certification renewal if licensing is required for employment. A specific tool required for a specific job.

Examples that do not qualify: A gym membership (Priority 8 once income stabilizes). A new wardrobe (thrift stores for now). Any upgrade that is about appearance rather than function.

PRIORITY 6 — MEDICAL — LIFE-SUSTAINING MEDICATIONS AND APPOINTMENTS ONLY

Life-sustaining medications: Buprenorphine, methadone, naltrexone (MAT medications — non-negotiable). Medications for seizure disorders, heart conditions, diabetes, HIV. Mental health medications for conditions that destabilize without them.

Defer without harm: Elective procedures, non-urgent dental work, cosmetic considerations. These are not Priority 6.

Free and low-cost resources: FQHCs (Federally Qualified Health Centers) provide sliding-scale care at every income level. NeedyMeds.org for prescription assistance. State Medicaid if not currently enrolled — apply immediately if income qualifies.

PRIORITY 7 — MINIMUM DEBT SERVICE — ONLY WHAT PREVENTS CATASTROPHIC LEGAL CONSEQUENCES

Priority within debt: Child support (legal obligation — failure has severe consequences). IRS debt if payment plan is in place. Student loans (income-driven repayment plans reduce payments to zero at very low income — apply immediately).

Debt that waits: Credit card minimum payments can be negotiated. Contact each credit card company's hardship program. Most will reduce interest rates and minimum payments during documented hardship periods.

Debt that can be ignored for now: Medical debt (least consequential for credit in most states, least likely to result in immediate legal action). Collection agency debt on old accounts (often uncollectable after statute of limitations).

PRIORITY 8 — EVERYTHING ELSE — AFTER 90 DAYS OF DEMONSTRATED STABILITY

Every expenditure that does not appear in Priorities 1-7 is deferred. Not forever — until the financial system demonstrates 90 days of stability with Priority 1-7 fully covered without borrowing. Gym membership, recreation, clothing beyond functional basics, entertainment, social spending — all deferred.

This is not punishment. This is the same logic a trauma surgeon applies in the ER: stop the bleeding first, stabilize, then address everything else in order of severity. The financial patient is in trauma. Treat it accordingly.

4.3 — The Financial Damage Inventory

Complete this inventory honestly and completely. The act of writing down the full picture — however painful — is the beginning of taking control of it. Unknown debt has no resolution path. Named debt does.

Category	Total amount	Interest rate	Status (current / behind / collection)
Credit card debt — Card 1	$	%	
Credit card debt —	$	%	

Card 2			
Credit card debt — Card 3+	$	%	
Personal loans (any lender)	$	%	
Medical debt	$	N/A	
Back rent owed	$	N/A	
IRS or state tax debt	$	varies	
Student loans	$	%	
Family/friends (informal loans)	$	0%	
Legal fines / court costs	$	varies	
Other debt	$	%	
TOTAL DEBT	**$**		

Monthly income (all sources): $_____

Monthly Priority 1-7 costs: $_____

Monthly surplus or deficit: $_____

Credit score (if known): _____

4.4 — Free Resources to Deploy Immediately

Resource	What it provides	How to access
211 (dial or text)	Connects to every local resource: emergency rent assistance, food banks, utility assistance, shelter, medical care. Available 24/7 in all US states and many countries.	Call or text 211 from any phone. Online: 211.org. This should be the second call made after stopping automatic payments.
SNAP (Food Stamps)	Monthly food benefit on an EBT	Benefits.gov or your state's

	card. Average benefit: $200-300/month for a single person. Can be applied for online in all states.	social services website. Apply immediately — processing takes 7-30 days. The sooner the application, the sooner benefits begin.
LIHEAP (Energy Assistance)	Utility cost assistance for low-income households. Can pay electric, gas, and heating costs directly to the utility company.	liheap.org or call 211 for local application sites.
Medicaid	Free comprehensive health insurance for low-income individuals. In expansion states: available to adults up to 138% of federal poverty level.	Healthcare.gov or your state's Medicaid office. Apply immediately if currently uninsured.
SAMHSA treatment scholarships	Federal funding for substance use treatment when private insurance is unavailable. Covers residential treatment, outpatient, MAT.	findtreatment.gov or call SAMHSA: 1-800-662-4357
Free financial counseling	NFCC (National Foundation for Credit Counseling) provides free or low-cost budget counseling and debt management plans.	nfcc.org. One hour with a certified credit counselor can save thousands in interest through negotiated payment plans.

PART THREE — THE REBUILD

30 Days · 60 Days · 90 Days · 180 Days

Section 5 — The 30/60/90/180 Day Restructuring Plan

THE CENTURION — The Enhanced Baseline Is Built Sequentially. Each Phase Enables the Next.

Phase	Primary focus	Measurable milestones
Days 1–30: BIOLOGICAL STABILIZATION	Stop automatic payments. Complete the damage audit. Begin MTHFR stack if variant detected. Establish sleep architecture. Begin supplement foundation. Physician appointment booked. One nutritious meal prepared at home daily. No substances. No credit cards used.	Sleep: 7+ hours for 20 of 30 nights. Financial: all automatic payments cancelled, Priority 1 secured. Medical: physician appointment completed or scheduled. Cognitive: baseline tests completed and recorded. MTHFR: 5-MTHF started if indicated.
Days 31–60: COGNITIVE AND FINANCIAL RECOVERY	Cognitive rehabilitation exercises daily (see Section 6). Second MoCA and digit span test at Day 30 to measure progress. Income stabilization — all available income sources identified. Credit report pulled (free at annualcreditreport.com). Cooking at home 6 of 7 nights. Sleep hygiene non-negotiable.	Cognitive: measurable improvement in at least two domains from Day 1 baseline. Financial: all Priority 1-4 costs covered without borrowing. Credit: report pulled and reviewed. Nutrition: body weight within 10% of healthy target. Social: one genuine reciprocal relationship contact per week minimum.
Days 61–90: THE NATURAL ARCHITECTURE	Vigorous exercise begins (every other day minimum). Meditation established (20 minutes daily). Flow state activity identified and practiced. Values clarification completed and acted upon. One domain from the trust audit: a concrete action taken to begin repair.	Exercise: 3+ vigorous sessions per week for 4+ consecutive weeks. Cognitive: MoCA score improved from Day 1, verbal fluency improved. Financial: one debt on a negotiated hardship plan. Trust: one acknowledged and beginning-to-repair relationship. Identity: written values statement completed.
Days 91–180: THE ENHANCED	The enhanced baseline is characterised by: better sleep than pre-addiction, better cognitive	The enhanced baseline markers: no substances for 90+ days. Cognitive tests show improvement in all

BASELINE	function than the addiction period (potentially better than pre-addiction with MTHFR treatment), clearer financial picture than pre-addiction, more honest relationships, and a level of self-knowledge that most people without this experience do not possess.	domains. Financial: Priority 1-7 covered, one additional debt in active repayment. Physical: weekly exercise routine established. Mental: documented values statement guiding decisions. Relational: at least two genuine reciprocal connections maintained. Identity: new narrative of the experience — what it cost, what it taught, who is emerging.

Section 6 — Cognitive Rehabilitation Protocols

THE CENTURION — The Brain Repairs Itself. It Needs the Right Conditions and the Right Exercises.

The cognitive impairment documented in Section 2 is not permanent in most cases. Neuroplasticity — the brain's ability to form new connections and strengthen existing ones — is active throughout recovery, particularly in the first 90 days of abstinence. The following protocols target the specific domains most commonly impaired and most responsive to intervention.

Domain	Daily protocol	Why this works
Memory encoding and consolidation	Learn one new piece of factual information each morning (a historical fact, a word in another language, a scientific concept). At the end of the day — without looking — write down what you learned. The next morning: confirm accuracy. Spaced repetition: review the previous week's items at the end of each week. Not a phone app. Paper.	Memory consolidation happens during sleep. The encoding-sleep-retrieval cycle is the fundamental unit of memory formation. Practice it deliberately and explicitly. This directly targets the 5-HT terminal damage from MDMA and the hippocampal damage from alcohol that produces memory encoding deficits.
Attention and sustained focus	20 minutes of meditation daily — specifically focused attention meditation (breath focus). When the mind wanders: notice it wandered, return to the breath. That noticing-and-returning is the rep. Treat it exactly like a push-up. Also: one long-form reading session daily (30+ minutes, a book, not articles).	Meditation is the most rigorously studied non-pharmacological attention training available. Meta-analyses show 8 weeks of daily practice produces measurable improvements in sustained attention, cognitive control, and working memory. Long-form reading requires sustained

	No screen during reading.	attention without the quick-reward structure of social media — it is attention training by another name.
Executive function	Cook one meal from scratch per day using a new recipe. The requirement: read the recipe completely, identify all missing ingredients before starting, execute in the correct sequence, handle unexpected substitutions. Alternate with: plan the next week in writing — all appointments, all income sources, all bills due, all commitments. Do this on Sunday evening for the coming week. Every week.	Cooking from a recipe requires: reading comprehension, working memory (holding the next step while executing the current one), planning ahead (pre-heating the oven before the dish is ready for it), and adaptive problem-solving when something goes wrong. These are exactly the executive functions impaired by frontal lobe substance damage. The weekly plan requires exactly the same skills applied to life rather than a kitchen.
Processing speed	One daily timed word puzzle (crossword clue, Wordle, anagram). The timing is the point — try to beat your previous time. Also: the Serial 7s test from Section 2, executed daily. Track your time and error rate.	Processing speed — how quickly the brain can perform mental operations — is impaired by most heavy substance use. It responds to practice but requires the practice to be timed. Untimed puzzles train accuracy. Timed puzzles train speed. Both matter. Track the time across weeks to see improvement.
Emotional regulation	DBT TIPP skill for acute emotional dysregulation: Temperature (cold water on face/wrists), Intense exercise (30-second sprint), Paced breathing (4-count in, 6-count out), Progressive muscle relaxation. One daily mood log (morning and evening): rate mood 1-10, note one trigger, note one response. Review weekly.	Emotional dysregulation is both a consequence of substance use (neurological) and a precipitant of craving (psychological). The daily mood log builds the pattern awareness that allows the person to identify their specific triggers and their specific effective responses. This is the cognitive-behavioral underpinning of relapse prevention.

Section 7 — The Enhanced Baseline: Who You Are Becoming

THE CENTURION — The Addiction Was the Most Expensive Education You Have Ever Had. This Is Where It Produces a Return.

The enhanced baseline is not a marketing promise. It is a pharmacological and psychological reality for people who complete the recovery work with the Recovery Kernel's precision. Here is why the enhanced baseline can exceed the pre-addiction baseline:

Domain	Why the pre-addiction baseline was insufficient	What the enhanced baseline adds
Neurotransmitter systems	Before addiction: MTHFR variants (common in this population) were producing chronic low-level dopamine and serotonin deficits that created the vulnerability to the substances in the first place. These were never treated.	After addiction + Recovery Kernel: 5-MTHF treatment directly addresses the MTHFR deficit. The dopamine and serotonin synthesis systems may function better than before the addiction — for the first time in the person's life — because the underlying genetic cause of the deficit is now being treated.
Self-knowledge	Before addiction: no systematic understanding of genomic vulnerabilities, constitutional type, substance interaction risks, or the specific biological deficits that created susceptibility.	After addiction + Recovery Kernel: complete genomic profile. Knowledge of COMT constitution, MTHFR status, CYP450 metabolizer status, DRD2 density, OPRM1 profile. Substance interaction checker run. This level of self-knowledge is not available to most people who were never addicted.
Resilience	Before addiction: untested under sustained extreme stress. The capacity for resilience was theoretical.	After addiction + Recovery Kernel: the person who has survived active addiction, withdrawal, and the full restructuring of this guide has demonstrated resilience under conditions that most people never encounter. This is not a small thing. It is the difference between untested and tested.
Values clarity	Before addiction: values held but not examined.	After addiction + Recovery Kernel: values explicitly clarified

	Commitments made without understanding their genomic and psychological underpinnings.	through the values audit. The person knows what they actually believe in because they have had to choose it in the context of having lost it.
Financial architecture	Before addiction: finances managed passively — automatic payments running without review, spending habitual rather than intentional, no priority hierarchy.	After addiction + triage: finances managed deliberately and explicitly. Priority hierarchy established. Every automatic payment reviewed and intentionally reinstated or cancelled. This financial discipline, maintained, is more sophisticated than most people's pre-addiction financial management.

7.1 — The New Identity Framework

The final and most important section of this guide. Not the supplements, not the financial triage, not the cognitive tests — the question of who the person is becoming. This is the question that, when answered clearly, makes all the other work sustainable.

THE IDENTITY BRIDGE QUESTIONS

Answer each in writing. Take as long as you need. Return to these answers at 30, 90, and 180 days.

1. Who was I before the substance became central? What did I care about? What could I do? Who trusted me?

2. What did the substance actually provide that was real? Not the excuse — the actual function. (This is the signal from the compendium. Name it honestly.)

3. What do I know about myself now that I did not know before? (Genomically, psychologically, in terms of what I can survive.)

4. What is the natural architecture that provides what the substance was providing? (From the Recovery Kernel's natural porting framework — what specifically is mine?)

5. Who do I want to be in 180 days? Not what do I want to have — who do I want to be?

6. What is one thing I will do today that the person I want to be in 180 days would have done?

The Full Inventory — Final Word

THE CENTURION — The Damage Is Real. The Rebuild Is Possible. The Enhanced Baseline Is Not a Promise — It Is a Plan.

The person who completes this guide — the full damage audit, the cognitive baseline, the personality assessment, the financial triage with all automatic payments cancelled and the priority stack implemented, the 30/60/90/180 day plan, the cognitive rehabilitation protocols, and the identity bridge questions — has done something that most clinicians, most treatment programs, and most self-help frameworks do not ask people to do: they have looked at the full picture honestly.

The full picture is: what was lost in each domain, measured as precisely as available tools allow. What can be rebuilt in each domain, with the specific protocols that the evidence base supports. What the building blocks are — the genomic profile, the supplement stack, the financial priority stack, the cognitive exercises, the daily structures. And who the person is becoming as the rebuild proceeds.

The Recovery Kernel's compendium states the foundational principle: you are not a generic human. The damage you sustained is specific to your biology, your substance, your duration, and your starting baseline. The rebuild you will execute is specific to the same factors. The enhanced baseline you will reach is yours — not someone else's story of recovery, not a statistical average, but the specific, measurable outcome of applying precision self-knowledge to deliberate reconstruction.

The inventory is complete. The work begins.

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